

## **H1N1**



## **KIDSNET DATA SHEET**

## Complete for all persons less than 19 years of age

H1N1 Vaccinator													Existing KIDSNET Users Place Label Here															
Date H1N1 Administered CPT 90663												- OR -																
						GF 1 30003							Complete the Demographic Information Below															
Child's Inform	<u>atio</u>	<u>n:</u>																					С	hild	Dat	e o	f Bir	th
First Name	L	Ш		L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L	L		L-		1	/		
Last Name																	Г						Sex	<b>c</b> :	М		F	
Parent's Inform	nati	on:	(Do	not	sub	mit	fost	er ca	are p	oare	nt ir	nforn	natio	on)									Pa	ren	t Da	te c	f Bi	rth
Parent's Infori	nati	on:	(Do	not	sub	mit	fost	er ca	are p	pare	nt in	nforn	natio	on)									Pa	iren	t Da	te c	f Bi	rth
	mati	on:	(Do	not	sub	mit	fost	er ca	are p	pare	ent in	nform	natio	on)								]	Pa	iren	t Da	te c	of Bi	rth
First Name	<u>nati</u>	on:	(Do	not	sub	mit	fost	er ca	are p	pare	ent ir	forn	natio	on)									Pa	iren	t Da	te c	of Bi	rth
First Name Last Name		on:	(Do	not	sub	mit	fost	er ca	are µ	pare	ent in	form	matio	on)									Pa	iren	/	te c	of Bi	rth

Mail at least weekly in KIDSNET postage paid mailers

Mark envelope: H1N1

Or

Deliver to: Rhode Island Department of Health

3 Capitol Hill

H1N1 KIDSNET--Room 302 Providence, RI 02908-9900

Additional forms may be printed from: http://pandemic.health.ri.gov/h1n1/resources/ Printing on pink or other colored paper will expedite KIDSNET data entry